

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000074638**

1. Entity Name

WORLD MORTGAGE BANKERS, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90012 013 ***150.00

Principal Place of Business

Mailing Address

104 CRANDON BLVD

104 CRANDON BLVD

#324

#324

KEY BISCAIYNE FL 33149

KEY BISCAIYNE FL 33149

US

US



2. Principal Place of Business

3. Mailing Address

104 Crandon Blvd.

104 Crandon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 324

Suite # 324

City & State

City & State

Key Biscayne, FL

Key Biscayne, FL

Zip

Country

Zip

Country

33149 U.S.A.

33149 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0086593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAKS, KEITH W

1450 MADRUGA AVE, #305

MIAMI FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ECHEVERRIA, GUSTAVO	
STREET ADDRESS	1111 CRANDON BLVD., #A-905	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)